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## ORIGINAL DEPARTMENT.

## Communications.

## A CASE OF CATARACT ATTENDED WITH COMPLICATIONS IN THE OPERATION.

BY WM. MASON TURNER, M. D.,  
Of Philadelphia.

In June last (1868) I was consulted by Mrs. S., residing in the State of New Jersey, in regard to some affection of the eye. On examining the organ with an ophthalmoscope, I detected an opacity in the line and to the rear of the pupil. With the aid of the ophthalmoscope and lens, and keeping in mind the differential diagnostics in the premises, I determined to my own satisfaction the presence of a cataract. What its precise nature, hard or soft, I could not satisfy myself fully. The opaque lens, on its anterior face, had, in certain lights, the dark-yellowish hue peculiar to hard cataract; at other times and in other lights, it showed the peculiar pearly aspect of the soft variety of the affection.

I saw the lady several times; she, in the meantime, telling me that the physicians in her place of residence had informed her that she had cataract, but being unable to determine precisely its nature, declined to operate. The patient was not, at the time I saw her, in a condition physically to warrant an operation. She had a strumous, broken-down look, and was quite weak vital. Without committing myself as to a positive diagnosis, I prescribed a tonic alterative mixture and generous food, and requested the lady to return to the city, to see me, in the fall. She presented herself to me on the 10th of November last, appearing in much better general health than when I saw her in June.

On examining the cataract again, I found certain changes had taken place, the lens looked smaller, if anything, than it did before, and was much darker and yellower. I diagnosed it to be hard cataract, and proposed an operation—that of extraction. She willingly consented; and on the following Tuesday, accompanied by Dr. J.

SOLIS COHEN, of this city, I proceeded to the house.

Dr. COHEN examined the eye closely, and pronounced the cataract to be hard. He advised the operation of extraction. There were several hindrances to an easy operation in the case: the eye was much sunken in the socket, the malar bone prominence very high and "in the way," and the cornea was very flat. Yet I did not consider these drawbacks sufficient to let the operation go by default. I began by entering the knife (BEER's) and proceeded step by step in the operation *secundem artem*. I made the superior flap successfully, and allowed the eye to close for a moment. On examining it cautiously again, to my chagrin, I saw that the cataract showed no disposition to move. Gentle pressure on the inferior portion of the globe did not stir it. I fancied my flap was not free enough. So gently replacing the knife, I was proceeding to extend the incision a line or two downward, when the thought occurred to me to rupture the capsule. I touched the anterior face of the lens slightly with the knife, when, as if by magic, the entire structure broke up. I saw at a glance the true condition of affairs. It was a *mixed* cataract—the anterior portion, or the capsule, being hard, the rest soft. I determined to make the best of it, and cut through the pupil into the gelatinous mass as well as I could with the knife, and then introduced a curette through the same opening, and finished it. I was compelled to work in a hurry, and had to meet with several troubles—the displacement of the iris being the chief.

I closed the eye as quickly as I could, put on a light compress and bandage, placed the patient in bed, and ordered a half-grain of morph. sulph. Then the real trouble began. A parotid abscess of enormous size supervened, and then erysipelas. The woman was prostrated; yet I feared tonics and strong food, on account of dreaded inflammation in the eye. I was between two fires, as can be understood on a moment's reflection. I was finally compelled to open the abscess twice, and at last had to resort to iron, to arrest the erysipelas.

The case, despite these drawbacks, did well. On examining the eye ten days after the operation, the patient said "she could see better."

I have no doubt that with proper cataract glasses, the sight will be much improved. She left for home ten days ago.

#### JAUNDICE CONNECTED WITH PERSISTENT VOMITING.

By WILLIAM EWURZEL, M. D.,

Of Philadelphia.

The occurrence of jaundice in cases of persistent and long-continued vomiting, where the principal trouble seems to be seated in the stomach, and where there are no other signs of hepatic disease, is doubtless familiar to all practitioners. Impressed with the belief that the liver is not always at fault in these cases, that the jaundice is neither to be attributed to organic or functional disease of that organ, nor to obstruction of its ducts, unless other signs of these conditions be present,—the subject has appeared to me worthy of some study.

WATSON speaks of jaundice occurring in this connection, and accounts for it by supposing that a fold of the mucous membrane of the duodenum is pushed up, during the acts of vomiting, in such a manner as to obstruct completely the orifice of the common duct. That this can occur seems highly improbable, to say the least, and the explanation is altogether unsatisfactory; but admitting, for the sake of argument, that it could take place, how could we then account for the presence of bile in the vomited matters? The vomiting is always markedly biliary in the cases under consideration, and, indeed, in nearly all cases of long-continued vomiting. The dejections also afford unmistakable evidence of the presence of bile, by their dark color and natural odor. The theory, then, of obstruction of the duct is wholly untenable so long as there is an abundance of bile in the matters vomited, and a proper proportion in the dejections, as manifested by their color and odor.

In seeking the cause of the jaundice in these cases I have been led to conclude, and would suggest as highly probable, that, in the violent acts of vomiting, the contents of the duodenum, impregnated with bile, pass up through the pylorus into the stomach, by a reversed peristaltic action of the bowel; and are thence partly discharged by vomiting, and (some portions still adhering to the mucous membrane,) partly taken up by the absorbent vessels of the stomach, the

coloring matter of the bile being carried in the circulating current to all parts of the body, thus giving rise to the jaundice.

In cases of uremia, in which nature so often institutes vomiting as a means of vicariously eliminating the poison from the system, I have seen jaundice come on and persist until the function of the kidneys was again restored, when, the vomiting ceasing, the jaundice would also disappear. If then, in a case of this kind, we direct our therapeutics to the irritable condition of the stomach, from whatever cause it may arise, and allay the vomiting, the jaundice will speedily disappear of its own accord, and so still further confirm the diagnosis.

The so-called cholagogue cathartics, and particularly those of vegetable origin, simply increase the trouble by their irritant action on the gastro-intestinal mucous membrane.

#### DEPRESSED FRACTURE OF SKULL.

By M. M. BUNDY, M. D.,

Of Eagletown, Ind.

Emma I—, aged seven years, of feeble habits, nervous temperament, was struck by a piece of timber, some 18 feet long, 8 inches broad, by 2 inches thick (which was being used as a lever to raise a building, and swung around toward the house, the end farthest from the building striking the little girl with great force), on the left side of head. I was hastily summoned to the case, Nov. 3d, 1868. Found breathing irregular, very laborious, and about ten respirations per minute; pulse imperceptible at wrist; extremities cold, totally unconscious; left side of face and head badly contused; found a depression of the skull behind and above the left ear, which measured  $2\frac{1}{2}$  inches by 2 inches; giving an area of about four square inches. The depression was so marked that the finger could be passed around the fracture on the edge of bone contiguous the injury.

The symptoms indicated a speedy dissolution, and under the unfavorable circumstances I simply directed warmth to the extremities and cold applications to the head.

Nov. 4th. No improvement in general symptoms; extreme ecchymosis of eyelids and face. Treatment continued.

From the 4th to the 8th I discovered no material change in the pulse, breathing or other symptoms; and accordingly continued warmth to the extremities and cold applications to the head, during that time. Since the injury to 8th, a period of four days, deglutition had been performed

with great difficulty; and during all that time only a few spoonfuls of milk or soup had been swallowed.

Nov. 9th. Complete paralysis of right side; patient continues unconscious, a partial reaction, head and face in region of injury swollen, and assuming an erysipelatous form of inflammation; ecchymosis of eyelids and face unabated. Prescribed six drops tinct. chloride of iron every four hours.

Bowels to be moved by enemata; ice water to the head.

Nov. 10th. No improvement in general symptoms. Reaction coming up very feeble. Continued treatment directed yesterday.

Nov. 11th. Circulation rather better, pulse 50 per minute, breathing about 15 inspirations per minute. Decided to operate and elevate the depressed portion of skull. Counsel was called, and after consultation we proceeded to make an incision near the inferior posterior angle of the fracture, when a quantity of effused blood (about four ounces) escaped. After a careful examination of the injured parts, we concluded to desist from further surgical interference, at least for the present. We found almost the entire parietal, and a small part of the occipital bones depressed about one quarter of an inch below its position. Considering the extreme feeble habits of our patient, and the shock the system had already sustained, and from which it had not yet sufficiently rallied, she would not likely survive the operation of trephining and elevating the bone.

Nov. 12th. Patient remains unconscious. Circulation slightly improved in force and frequency, breathing more regular, head preternaturally warm. Continue ice to head, and prescribed:

R. Nitrate potash, grs. xv.  
Tartar emetic, grs. v.  
Water, f.3 ij.

M. Half teaspoonful four hours apart. Bowels to be evacuated by enemata.

Nov. 13th. Patient apparently better, has slight use of right leg, arm entirely useless. Continued treatment.

14th, 15th, 16th. Continued insensibility to surrounding objects, swallows small quantities of soup or milk, a very slow and continued improvement of the vital powers; has not articulated since injury; ecchymosis rapidly disappearing.

From the 16th to 22d the general improvement has been more marked; begins to take notice of persons who visit the bedside, makes reported efforts to articulate, right arm continues paralyzed.

From the 22d up to present writing, Dec. 7th, 1868, there has been decided improvement. The patient is now able to sit in an easy chair an hour with but little fatigue, can articulate most words and even sentences. Appetite good; circulation normal, and is most certainly convalescent.

**ANEURISM BY ANASTOMOSIS OF THE EAR; LIGATION OF THE COMMON CAROTID ARTERY WITH SILVER WIRE, AND THE WOUND CLOSED OVER IT BY THE FIRST INTENTION. BY NATHAN BOZEMAN, M. D., OF NEW YORK.**

**REPORTED BY D. W. HAMMOND, M. D., AND  
A. L. C. MAGRUDER, M. D.,  
Of Macon, Georgia.**

Miss Sarah Rockwell, aged —, was born with a congenital nevus of the left ear. This tumor continued to increase gradually until it attained a considerable size—the ear was probably six times as large as the right. It had a red appearance and pulsated from earliest infancy. The pulsation continued to increase in force until it developed a formidable anastomosing aneurismal tumor. The integuments gave way about three years ago, which was followed by a considerable loss of blood, since which time she has had four frightful hemorrhages. The last took place on the 10th July, 1867, and came very nearly terminating her life. She was greatly prostrated, pale and anaemic. Pulse 120. The constant dread of a recurrence of another hemorrhage, produced great nervousness, from want of sleep. On examination of the vascular tissue, it presented a dark and unhealthy appearance, and had the aneurismal thrill, throughout its whole extent. The temporal artery imparted a whizzing sound to the touch, and was about the size of the index finger. The occipital and other vessels running into it were much enlarged and tortuous. Several leaden nodes or rather elevations of different colors were observed upon it. The integuments were attenuated, and having the appearance of early rupture at several points. The point from which the last hemorrhage proceeded was on the anterior aspect of the ear, midway between the helix and antihelix, which is sometimes denominated fossa innominata. The ear was very much distended from an effusion of blood into the areolar tissues. On consultation we determined to ligate the primitive carotid. But learning that Dr. NATHAN BOZEMAN of New York, was in the city, we postponed the operation until we could get the benefit of his views on

its propriety. A messenger was sent for the Doctor, and he arrived in a short time, and after a thorough examination of the case fully concurred with us—that the artery should be taken up. And by our particular request he kindly consented to perform the operation.

The patient was confined in the usual position, and placed under chloroform by Dr. CASTLIN. The Doctor now cut down upon the artery—in the triangular space,—and *carefully, cautiously and skilfully* laid bare the vessel and tied a silver wire ligature around it. The ends of the wire were then cut off close and the wound closed over it. The pulsation, throughout the whole extent of the aneurismal tumor, instantly ceased. The patient stood the operation well, and had a good recovery from the effects of the chloroform. She was entirely unconscious of the operation. Pulse 100, full and regular. The operation was performed at 10 o'clock A. M.

July 12. Saw her at 12 M., and again at 6 P. M.—resting quietly from one-third grain morphine given her by Dr. MAGRUDER, immediately after she was placed in bed.

13th, 9 o'clock, A. M., saw her with Drs. BOZEMAN and MAGRUDER; rested well during the night, without sleep, however. Skin moist, pulse 95. Temperature of the right (sound) side of the face 92° Fah.; left aneurismal side, 90°. Complains of sore throat, and has a difficulty of deglutition. Ear and surrounding parts reduced in size, and the doughy feel much less—from coagulation of the blood in the aneurismal areolar tissues. 6 P. M. doing well, gave one third grain morphine; slept well during the night, pulse corded, temperature, sound side 95°; diseased 92°.

14th. Feels well comparatively, drank some soup, and ate the leg and liver of a small chicken, and a half cup of tea.

15th. Ear sore and tender this morning, and very sensitive, pulse 100. Skin clammy, and the ear erysipelatous; temperature of diseased side, 91°, well 96°; difference 5°. Removed the compress and bandages which were applied immediately after the operation. Ordered warm brandy as a lavement, and directed thirty drops of the peresqui-chloride iron to be given three times a day. Whiskey toddy, generous diet, etc. 6. P. M. Pulse 120, temperature—well side, 98°, disease, 94°—feels comfortable; wound looks healthy and uniting. Ear red and tender. Erysipelatous vesications drying and disease giving way.

16th, 9 A. M. Pulse 98, temperature—sound side, 94°—diseased, 90, has slight headache other-

wise feeling well. Ordered an enema of salt and water, supposing the headache proceeded from constipation, having had no evacuation since the operation.

17th. Enema operated well, and feels much relief this morning. Pulse 100, temperature sound side 94°—diseased 92°.

18th, 9 A. M. Quite cheerful, has a good appetite, and sat up a short time this morning. Temperature equal, 92° on each side. Tumor constricting and much diminished in size.

19th. We neglected to mention that the wound was brought together by five silver sutures, which we removed to day—wound united. She continued gradually to improve from this time, and in the course of a week or ten days, was walking about the house. *She had a perfect and satisfactory recovery.* The aneurismal ear and surrounding parts were not as yet of the normal size, and probably never will be, from the long continuance of the disease; they are, however, still diminishing.

We were induced to publish this interesting case on account of the artery having been ligated with *silver wire*, which we think has established the fact that *silver* is *innocuous*, and that when left in the flesh, is no impediment against adhesion or union by the first intention. And we are also inclined to the opinion, that it is the best and safest ligature that can be used, especially on large vessels.

## Medical Societies.

### BUTLER COUNTY (O.) MEDICAL SOCIETY.

The Butler County Medical Society met in the court room January 7th, 1869. The President, Dr. C. FALCONER in the chair. A very full attendance marked this meeting as one showing both the interest of its members and the prosperity of the Society. Order of business:

Minutes of last meeting read, approved and accepted. Election of officers for 1869:

W. W. CALDWELL, President; JOHN CORSON, Vice-President; H. BEAUCHAMP, Secretary; W. HUBER, Treasurer; C. FALCONER, J. S. MCNEILLY, E. L. HILL, Censors.

New members received: E. L. HILL and H. SAUNDERS, of Oxford and J. C. PATCHELL, Hamilton.

After receiving the report of the Treasurer, the society adjourned, on the invitation of Dr. HUBER, to partake of the hospitalities of himself and family, in the shape of a bountiful dinner,

prepared by the ladies of the family, which will long be remembered for the good feeling and evidences of enjoyment displayed during the time passed at their board.

## AFTERNOON SESSION.

The following reports of committees were received: Dr. BEAUCHAMP, on the Microscope; Drs. HUBER, GALE and BEAUCHAMP, on Ethics.

Dr. JOHN CORSON reported a very interesting case, with the result of the operation resorted to during the treatment.

Drs. SCOREY and HINCKLEY were appointed essayists for the April meeting.

Adjourned to meet at Oxford, April 1, 1869.

H. BEAUCHAMP, M. D., Secretary.

## EDITORIAL DEPARTMENT.

## Periscope.

## Bromide of Potassium in Laryngismus Stridulus.

Dr. B. F. DAWSON, Lecturer on Uterine Pathology in the Medical Department of the University of New York, has the following useful article in the *Am. Jour. of Obstetrics*.

That the bromide of potassium is a valuable remedy for many diseases having their origin in some affection of the nervous system, is acknowledged almost universally, but that its power has been greatly overrated, and its utility in some diseases based upon mere hypothesis, is also a fact which cannot be denied. In view of these facts, therefore, it is advisable to be cautious in pronouncing upon its merits in the alleviation of certain affections, and it is only after repeated experiments with it alone on any one individual, or type of disease, that we can feel as to its merits. Enough, however, is known of its effects to enable us to rely upon it as a valuable remedy in certain diseases affecting the cerebral centres, and those due to increased reflex action.

It was on account of this acknowledged power which it possesses over spasmodyc affections that I was induced to use it in the following case of *spasm of the glottis*.

About the 10th November, 1868, a little boy not quite four years old was brought to me by his mother, suffering from what she thought must be "croup." She stated, on interrogation, that about six months ago she first noticed that her child would occasionally be seized, whilst asleep, with a difficulty in breathing which would last but a few moments, and then the child would sleep as naturally as before. These

attacks occurred in the beginning about once or twice a week, and remedies which she used gave no relief whatever; for at the end of four months the attacks had increased in frequency and severity, and often she thought the child would choke to death. During these attacks he would jump up in bed and stretch out his neck in his efforts to obtain breath, and his breathing was so loud as to be heard throughout the house. The spasm generally lasted but a few minutes. In this state he continued up to the present time, the paroxysms returning nightly for the last month, and no relief being obtained from the remedies used. In other respects, the child was quite well; he ate regularly, and was only allowed simple nutritious food, as had been ordered by her physician. His bowels were regular, and in the daytime he was as playful and bright as any child of his age. Examination of the child's head, chest, throat, mouth, etc., revealed nothing to account for the disease, and I therefore considered the case one of "Spasm of the Glottis," due to some one of the many nervous influences which sometimes give rise this affection, but as to what was the particular influence inducing it, I was unable to discover. With this opinion as to the disease and its cause, I was desirous of trying what effect the bromide of potassium would exert over these paroxysmal spasms, and accordingly, to this end I ordered the child ten grains of the salt every hour, from eight to ten P. M., the same dose to be repeated at the same hour for three nights, at the end of which time the child was again to be brought to me. I was not a little surprised to learn at the end of this time that the child had not the slightest return of the "spasm" from the first night the bromide was taken, and that its sleep and breathing were exceedingly easy. As the disease was evidently impressed by the prescribed treatment, I directed a continuance of the salt in the same doses for two nights more, after which time but one dose was to be given on going to bed, for two nights only, and the medicine was then to be dispensed with altogether. These directions the mother carefully followed, and for the last five nights the child has had no medicine whatever, but notwithstanding has not had the slightest return of the disease.

From the foregoing facts it is therefore evident that in this case the bromide of potassium certainly must have the credit of at least temporarily relieving an obstinate and dangerous affection, and although it is not safe as yet to consider the disease as cured, yet I may safely believe that the paroxysms have been completely broken,

for a time at least, by its action, and there is all likelihood that they will not return for some time; and when they do recur I may confidently rely upon the bromide of potassium as a powerful means for at once warding them off. The interest attached to this case is, that I do not know of any case of laryngismus stridulus in which the bromide of potassium has been used, and that consequently we may possibly find it a valuable agent in this disease; and as this salt is known to be efficacious over certain spasmodic or reflex actions, may not this disease, when due to nerve lesions, be made to yield under its judicious and persevering use? Its power, at least, is worth trial, and the above case I shall watch carefully, and rely solely on the bromide of potassium so long as I find it makes an impression on the disease.

It would not be out of place to mention that Dr. J. RUSSELL REYNOLDS (*The Practitioner*, July, 1868), in a paper on the use of the bromide of potassium in spasmodic affections, says: That its efficacy is most marked when the malady is "paroxysmal;" and, according to Dr. PLETCHEUR's observations (*Deutsche Klinik*, No. 10, 1868), "it excels all other drugs as a remedy for spasms and excessive reflex action of the nervous centres."

It may be quite probable that the effect of the bromide of potassium in the case cited above, was simply due to the *anesthesia* it produces when given in large doses, as was done in this case, and not to any direct impression on the cerebral or ganglionic systems.

#### **Red Line Around the Funis as a Sign of Retarded Birth.**

Dr. J. B. BOND writes to the *Medical Times and Gazette*:

"Although it was, many years ago, a matter of controversy whether or not a pregnant woman ever carried her child much beyond nine solar months, it is now, as you know, universally admitted that although a large majority do not vary much from two hundred and seventy days, it sometimes happens that the term of foetal life is very much prolonged. All the plans hitherto recommended for recognising such cases have proved unsatisfactory. If the following case shall have the effect of pointing out a means more worthy of credit, my object in bringing them before the Society will be accomplished.

In the year 1849 I was sent for, on March 24, to see Mrs. W., who felt quite sure she had been pregnant some weeks more than nine months. I

found her very large and very "clumsy," but without any signs of labor.

On May 9, I was again called to Mrs. W. She had, when she sent for me, some slight pains, but these had entirely subsided before I reached her place of residence, more than ten miles in the country.

On May 16, between her eleventh and twelfth month according to her own reckoning, I was again in attendance. I found the os uteri dilated, the membranes ruptured, and a natural presentation. After a long and painful labor she was delivered of a very large still-born male child—it had perished during labor. On examination I found encircling the umbilicus of the child, just where the funis joins it, a bright red ring less than two lines wide.

Since 1849 I have observed this red ring in three other cases, in all of which there were good reasons for believing that the children had been retained in *utero* beyond nine months. Only one of these children was still-born. Judging from my own experience only (for I have never seen or heard this red ring at birth referred to by others), I believe it always indicates retardation, and that in such cases it may always be found if carefully looked for.

#### **Poisonous Dyes.**

This question, which has been considerably agitated of late, has lately been discussed in the *London Times*, by Dr. TARRAL. The subject of investigation was a sock.

"The sock is composed of three textile substances.

"1 and 2. A mixture of wool and cotton forms the violet ground.

"3. The red bands are in pure silk.

"The violet ground is colored with the violet of aniline, a color much used in dyeing. The discovery of it is due to HOFMANN, of London. This coloring matter is prepared with aniline, which latter is obtained from benzine. The silk is dyed with fuchsine, a red of aniline, which is also prepared from aniline. The red coloring matter is pure fuchsine; it is not accompanied by any substance recognized as poison. It is to the fuchsine alone that the occurrence can be attributed. Aniline violet and fuchsine are prepared by different processes. They constitute two processes which have not the same composition. It is remarkable that the violet of aniline, which is derived from benzine, should have no action, while that of the red of aniline should be so energetic; it is for science and the public to appreciate a fact so new and so important. In

presence of the circumstances described, and of the accident to Mr. M—, the question arises, how fuchsine, which has been used largely in dyeing for ten years past, has never been discovered to possess any poisonous property. The reply would be, that up to the present time it has been used only for articles of dress not coming in direct contact with the skin. The present is the first case in which I have met with fuchsine used for stockings. The stocking is, of all others, the article of dress brought most into contact with the skin, round which it is, moreover, compressed tightly by the shoe. I must remark also, that fuchsine is soluble in weak acids. Perspiration is acid, and is nowhere more profuse than in the feet, where, confined within the shoe, it is absorbed by the tissue of the socks.

"In conclusion, the accident to Mr. M— shows clearly that fuchsine is poison."

Professor WANKLYN, in the *British Medical Journal*, Oct. 10th, observes, in relation to arsenic in aniline colors:

"It is generally known that some of the old crude magenta cake and liquor which was in the market some few years ago, shortly after the first bringing out of the dye, was largely contaminated with arsenic. But it is not generally known, even to chemists, that much of the beautifully crystallized magenta used to consist of arseniate of roseine, being not, properly speaking, contaminated with arsenic, but actually consisting of an arsenical compound. In the early part of 1863, (assisted by Mr. ROBINSON, who was my assistant at that time) I made an examination of the beautifully crystallized magenta which was being manufactured at one of the largest coal-tar color works in Europe, and found it to be arseniate of roseine, apparently chemically pure. The following is a comparison between the calculated numbers for pure arseniate of roseine, and those actually found on making a combustion.



Theory. Found.

C <sub>20</sub>	240	56.47	56.40
H <sub>19</sub>	20	4.70	4.91
N <sub>3</sub>	42		
As	75		
O <sub>3</sub>	48		
	425	100.00	

"Both the nitrogen and the arsenic were determined; and though the numbers given were not by any means accurate, were still quite near enough to confirm the formula, C<sub>20</sub>H<sub>19</sub>N<sub>3</sub>AsO<sub>3</sub>H.

"Since 1863 there have been great changes in the mode of purifying magenta; and I hardly think that this pure arseniate of roseine would

be found largely to day. Still it would be rash to assert that this kind of magenta has entirely disappeared from the market. But, be this as it may, there is reason to fear that most of the magenta, and also all those common blues and violets which are made from it, are more or less contaminated with arsenic. To mend the matter, it is not generally known to chemists, but is nevertheless quite true, that the mere detection of arsenic in aniline colors is not always easy—even when large quantities of arsenic are present; the aniline colors having the property of masking the presence of arsenic to a very great extent."

Mr. WILLIAM CROOKES states, (*Times*, Oct. 16,) that arsenic has nothing to do with the effects described, as no arsenical compound, in connection with aniline dyes, has been sold for many years; and he observes that all the colors complained of contain one ingredient in common—a brilliant and fast orange dye (the different shades being produced by the admixture of this orange with other harmless colors) which he has succeeded in identifying as one of the several aniline orange dyes which have been introduced into commerce during the last eighteen months. It possesses acid properties; is insoluble in water, but soluble in alkalies; it gives a very stable dye on silk and wool, and, under exceptional conditions, would be capable of producing an irritating action on the skin. Mr. CROOKES thinks that the reason there have been so few complaints arises from the fact that normal perspiration is slightly acid, and consequently will not act upon the insoluble acid dye, but that, under exceptional circumstances, the perspiration may become alkaline, when a portion of the dye would be dissolved and become absorbed.

#### Paralysis Glosso-pharyngæ.

MINGARD, in a very good dissertation on this subject, published at Strasburg, refers to two cases which he observed in the clinic of that place, and examines the history of twenty-two other cases.—(*Aerztl. Lit.-Blatt*, No. 7, 1868.) He found extraordinary difficulty of speech in the two cases first mentioned.

DUCHENNE, of Boulogne, described thirteen cases of the disease in 1860; ECUSSIS in 1862, and TROUSSEAU in 1864, met with the disease in their clinics; a few other descriptions in the journals, and a dissertation in Paris, in 1868, are all examined by MINGARD.

A difference of opinion exists whether the disease is a symptom, an ataxia locomotrix, or a disease *sui generis*. At first it was regarded as

a paralysis muscularis progressiva of the tongue, soft palate, and lips; later as an invariably fatal paralysis, which indeed begins at the situations beforementioned, but successively attacks the respiratory, and different portions of the locomotor apparatus. MINGARD is of opinion that the disease is a group of symptoms, which nearly always ends with symptoms of general paralysis, and with, or without effect on the mind. When the paralysis remains confined to the organs in which it first makes its appearance, it depends upon an organic change.

*Symptoms.* First we generally have obstinate salivation, then the tongue loses a portion of its mobility. At the same time we often find disturbances in the mobility of the extremities. The articularis labiorum is first seized, paralysis of the tongue and soft palate soon follows, or occurs at the same time. Deglutition is interfered with, the voice becomes affected, through the condition of the tongue. Speaking through the nose is usual; and lastly, aphonia becomes established in consequence of paralysis of the larynx. Dyspnoea now comes on from reduction of the powers of expiration, and paralysis of the muscles which control the vocal cords.

The impossibility of closure of the glottis was demonstrated with the laryngoscope. After all the foregoing symptoms have set in, we have a period in which the disease appears to stand still. If we are called in at this stage, we would have difficulty in considering the case one of special paralysis, or a disease *sui generis*. Soon, however, more extended disturbances appear. Intelligence becomes diminished, and fades away; the mobility of other regions becomes affected. The fatal termination takes place, sooner or later, through interference with respiration, circulation, or deglutition; a slow asphyxia, or repeated syncopes end the scene. If, however, the patient resists these attacks, the paralytic symptoms become wider spread, and death takes place from marasmus.

The anatomical data are few as yet. Without doubt, there is often found sclerosis of the medulla oblongata, and an atrophic change at the origin of those motor nerves which supply the tongue, lips, larynx and pharynx. The nerves themselves show no change, nor do the muscles, except a fatty degeneration in the later stages. Always we only find pathological changes in the medulla oblongata, and the origin of the nerves, i. e., in the central parts.

*Aetiology.* In all cases observed up to the present time, we find an absence of all pathological antecedents of any importance.

The danger of the disease consists in the rapidity of its termination, and in its nearly always ending fatally. Only in one case has there been observed "an improvement approaching to a cure."

*Treatment.* Faradization, hydropathy, argent nitras, as well as other so-called powerful remedies, have been found useless up to the present time.

Secondary indications for the prolongation of life are, however, to be carried out; as the prevention, or treatment of inanition, asphyxia, syncope, etc.

#### Cancer in its Relation to Geological Structure.

Some interesting inquiries on this point have lately been published in England by Dr. HAVILAND. The *Nation* sums them up as follows:

"In taking on the distribution of disease in Great Britain Doctor HAVILAND makes the following statements: He has found, by an examination of the Registrar-General's health statistics, that cancer, a disease which is among the most baffling with which medical men have to deal, is of comparatively rare occurrence in the north-west of England and in Wales, and also in the south and south-east of England. Now, Wales and North-west England belong geologically to the oldest formations—the silurian and the carboniferous—while the other great district free from cancer includes the chalk hills of Southern England and the "oolitic formations" of Gloucestershire, Northamptonshire, and Oxfordshire. Stronger still—in fact, a good deal stronger—is the evidence furnished by the arrangement of those portions of England which, also free from cancer, connect the two great districts we have mentioned. Coloring blue, say, in sign of their exemption, those portions of the map where cancer is not prevalent, we shall find the two large patches of blue connected by two blue stripes extending across the red sandstone of Warwickshire, the red sandstone and lias of Leicestershire, the red sandstone and carboniferous rocks of Derbyshire, and the sandstone heights of Worcestershire and Staffordshire. The two blue patches and their connecting links—on which take place but a small number of the 42,000 deaths from cancer which occur in the kingdom year by year—cover those parts of the country which are of the most ancient geological formations. Turning to the regions where cancer is most fatal, we find them to belong to the tertiary or most recent formations, and we find also that for the most part they surround the great rivers after they have reached their full

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size and approach the sea. The Thames cancer-field is said to come to its bounds where the London clay stops—the clay being of the lower eocene, a late formation. Other cancer-fields are in the alluvial valley of the Humber and on the alluvium of Norfolk, Suffolk, Lincolnshire, and East Yorkshire. Now, the distribution of consumption is almost exactly the reverse of that of cancer. It flourishes on the old formations, and gets its smallest number of victims in the lower and more sheltered, though damper haunts of cancer. That those haunts are lower and more sheltered, may, to be sure, be the reason of their comparative exemption from phthisis, and the fact of their geological structure may bear only secondarily on their character as seats of disease. In other words, it may very well be that Doctor HAVILAND should not have spoken of their geological features at all, except as these affect their physical features."

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Contributions to the Proper Detection and Forensic Judgment of Diseased States of the Mind, for Physicians, Judges, and Counsel.

Dr. VON KRAFFT-EBING says, in the *Deutsche Klinik*, No. 31, 1868: Generally, open disturbances of the intelligence and perception give us the idea of insanity, and an active judgment is regarded as a criterion for freedom of will or sanity. But, intermediately we have modifications of the mind's life, which influence the will injuriously, without apparently or really perverting the intelligence. To this class belong disturbances of the imagination, a too slow or too rapid action of the same, depression and exaltation of consciousness (*selbstgefühl*); and not infrequently, from these conditions arise insane impulses, which often lead to injurious practices; and monomania is, therefore, classed as a separate form of insanity.

Every case of real insanity calls into being a complicated pathological process, which is not exhausted in producing one symptom, and it must be regarded as a whole, and followed in its regular course of phenomena. As we have strong special energies of the brain in individuals who possess peculiar talents, so we may also have peculiar prominent signs or symptoms of the mind, when this is in an abnormal state, but these are always combined with the usual and inseparable efforts of the mind or actions of the brain.

Professor FALRET, in a lecture at the Salpêtrière, Paris, 1850, spoke of the impossibility of a pure monomania existing in and for itself. Our author examined a girl in the prison at Malgarthen, near Osnabrück, who had committed repeat-

ed incendiary acts without other apparent cause than insane impulse, and he found her entering the age of puberty. Disturbances of the mind, especially those of chronic origin, are nearly always ushered in by paresthesiae, which make themselves felt either in somatic sensibility, or as abnormalities of psychical sensation. The latter are generally of a sombre character, not infrequently very deeply rooted, and may be detected by division into their several parts. The indescribable or causeless mental state of fear is an expression of bodily discomfort; the self-accusation and remorse for breach of duties, etc., may be regarded in connection with certain decided disturbances of the nervous sensations, as formication, itching, tearing sensations, stitches, local burning, delusions of the senses, etc. These paresthesiae are a neurosis which produces depression of spirits and a psychically painful condition of consciousness, from which the various forms of error can arise; among these melancholia stands in the first rank; it makes all impressions from without painful and disagreeable; former pleasures become disliked, and the individual becomes seized with fear, grief, apprehension, etc. Melancholia often precedes insanity for a long time, and it exists in the most diverse nervous affections; it is also a frequent sequence of bodily dissipation and shattered or shaken affections. Entrance into puberty particularly predisposes to melancholia, especially when the new sensations of that period lead to masturbation and anæmia. If the perversion goes no further, that is, if no delusion of the senses, or deliria occur, we do not observe the abnormal state of the individual's mind, and he follows his customary avocations as usual. Even if we remark his sombre disposition, his motiveless change of spirits, increased irritability, alteration of social conduct, yet we generally pass all these without anxiety, or seek their cause in caprices and singularity. But, our author says, notwithstanding the quiet behavior of the individual, apart from his little peculiarities, he resembles a volcano, beneath whose slumbering ashes a fierce eruption is preparing, and slight, often very slight, circumstances may be the occasion of a terrible mental explosion. Such persons are not infrequently dangerous to themselves, as well as to others; because they are disturbed and hindered in their freedom of action much more than we suppose; and this latter part is a misfortune to them.

The question arises: Is it possible that a state of simple psychical depression can disturb the free will and freedom of action to such a degree that they shall sink into a forced, and therefore

involuntary condition? Our author does not hesitate to answer this affirmatively in *these*; but in *præci*, strong proofs of a forced will produced by disturbances, must be given, in order to avert the danger of excusing crimes and passions.

#### Diagnosis of Early Pregnancy.

DR. ROBERT BARNES, of London, Fellow and late Examiner in Midwifery, Royal College of Physicians; Obstetric Physician and Lecturer on Midwifery, St. Thomas' Hospital; Consulting Physician to the East London Children's Hospital; Examiner in Midwifery, Royal College of Surgeons; gives the following as the most reliable signs to diagnose early pregnancy, (*Brit. Med. Journal*).

1. A change of texture in the os uteri and vaginal portion. It is soft, cushiony, a little patulous perhaps, and lubricated with mucus.

2. A change of position: the os is found considerably higher up and farther back under the promontory than in the unimpregnated state; and the os, instead of looking downwards in the axis of the pelvic cavity, looks backwards, perhaps a little upwards.

3. A change of position in the body of the uterus: this depends upon the same cause as the change of position of the os. The normal position of the uterus is one of slight anteversion when the body is in the erect posture. The uterus, swinging, as it were, on the broad ligaments, is ready to revolve to a certain extent on its transverse axis. If the finger be applied to the os, drawing down the vaginal portion, the fundus rises in the opposite direction. The whole uterus is a lever of the first order; the fundus and vaginal portion form the two arms, either of which may be moved by an external power. The two arms are of an unequal length; the upper one formed by the body of the uterus is not only the longer but the heavier, and the freer from restraint. When, therefore, the body—the part which is exclusively the seat of gestation—is enlarged, the increase of size, length, and weight adds in a geometrical ratio to the power of the longer arm of the lever. It naturally falls forward and downward; the axis of the uterus no longer approximates to that of the pelvis, but becomes oblique in reference to the axis of the pelvic brim; nearly horizontal when the subject is erect. This anteversion is further liable to increase by the fundus being weighted with the superincumbent intestines. Every inspiration, every movement that fixes the chest, tends to exert a leverage action upon the uterus,

the power of which increases in an accelerated ratio with the growth of the uterus. This leverage in anteversion, or *mouvement de bascule*, as the French call it, produces the sign to which I wish to invite special attention.

4. The elevation and retrogression of the vaginal portion is impeded by the intimate union existing between the anterior wall of the cervix uteri and the base of the bladder. The neck of the uterus can only rise backwards by dragging the neck of the bladder along with it. This produces peculiar conditions very perceptible to the touch. The resistance opposed by the mass of cellular tissue that binds the uterus to the bladder is partly overcome by stretching. The cellular tissue is remarkably extensible; and the extensibility of the vaginal wall is well-known. The mass of inter-cervico-vesical tissue plays an important part in pregnancy and labor. During pregnancy, it undergoes the stretching referred to. During labor it is still further stretched; it is by virtue of this free extensibility that the lower part of the uterus glides down into the pelvis before the advancing head, the bladder and anterior wall of the vagina remaining more fixed. In this way, small vessels are commonly torn, and haematocele or small extravasations of blood take place in the loose tissue. These extravasations are very common; but a condition I have never found wanting in every case in which I have had the opportunity of examining the body a few days after labor, is a large effusion of serum. This, of course, is readily absorbed, and the stretched cellular tissue recovers its normal compactness. Thus the space between the uterus and bladder is elongated. This stretching and elongation is attended by a stretching and smoothing out of the anterior and upper wall of the vagina. This change in the vagina is very remarkable. Instead of the deep groove, or *cul-de-sac*, commonly found in the non-pregnant state in front of the os uteri, the os being lifted up, and brought nearly into a straight line with the anterior wall of the vagina, we find the anterior aspect of the cervix from the edge of the os, forming a continuous plane with the upper part of the anterior wall of the vagina.

The features of this plane vary with the epoch of pregnancy. During the first month, whilst the anteversion or mutation of the body of the uterus is yet moderate, the vaginal *cul-de-sac* is not quite obliterated; the length of the plane, measured from os uteri to the lower edge of the symphysis pubis, is about two inches; the natural corrugations of the vagina are not lost; and there is an elastic sensation in the course of this

plane through which it is not always easy to feel the body of the uterus, which rests upon it. But, at the end of two months, the features are less ambiguous. The os has been tilted higher up; the body of the uterus is larger, and its nutation is more marked. The connecting tissue between uterus and bladder is more stretched; the vaginal mucous membrane, also stretched in a corresponding degree, is smoother and more tense to the feel; and the uterine body reclining upon it is felt firm and rounded through it, an elastic cushion intervening. If the abdominal walls be not too thick and resisting, the fundus of the uterus can be felt by the hand pressed in above the symphysis, so that the size, shape, and position of the uterus, can be measured between the two hands.

I believe there is no condition excepting pregnancy that brings out so distinctly the features I have attempted to describe. The tense smooth plane, extending from the os uteri forward to the symphysis pubis, is characteristic of pregnancy. This sign alone has many times indicated to me the existence of pregnancy; and, on seeking for corroborative testimony, I have seldom failed to find it.

The most valuable sign of all, perhaps, is the violet coloration of the vaginal portion and the vagina, described by JACQUEMIER. If this is minutely investigated, it will be found that the appearance due to pregnancy differs from the occasional resemblances that depend upon other causes. In pregnancy, the general and intense hyperemia is dependent upon an augmented supply of blood attracted by the developmental stimulus. Owing to the absence of valves, and the free anastomosis of the vessels, the entire vascular system of the pelvis shares in this hyperemia. The capillaries and smaller veins become enlarged; the veins increase in tortuosity and prominency; they become in some instances varicose; the mucous surface is irregular in consequence, sometimes resembling the cerebral convolutions; but a more characteristic feature is, the appearance of small veins in the labia minora et majora, of a purple color, merging in the vagina into the general purple color of the mucous membrane. This appearance of the veins of the vulva is strictly analogous and similar to that of the veins in the breasts. I can verify the observation of Dr. MCCLINROCK, that the violet color of the vagina disappears if the child dies.

If the speculum be used, it will commonly be found that a creamy secretion gathers in the undus of the vagina. The features which I

have described, taken together—namely, the feel of the os uteri, its position, the smooth stretched plane of the vagina extending backward, the rounded firm mass felt through the elastic plane, and the vascular appearance of the vagina and vulva—raise the presumption of pregnancy almost to certainty.

#### Recent Improvements in the Operative Surgery of the Eyes.

At the Liverpool Medical Association, Oct. 22, Mr. T. BICKERTON spoke of the recent large advances in this department, and to the advantages offered to the scientific physiologist and pathologist by the peculiar construction of the eye, and by the aid of the ophthalmoscope. He drew attention to the treatment of affections of the lacrymal passages, by slitting the puncta lacrymalia on the lower lid, as far as the opening into the sac; and exhibited the instrument used for doing this, and the probes used by Mr. BOWMAN and VON GRAFE. He then showed the ball and needle used for destroying nova materni on the lids. In trichiasis, the treatment recommended by Dr. WILLIAMS, of Cork, was, to dip a needle into deliquesced caustic potash, and insert it into each affected hair-bulb, drawing out the hairs three or four days afterward. This should be done early. If the whole row were involved, it was advisable to excise a piece of the skin and cartilage above the edge of the lid, and then bring the parts together by means of sutures, treating supernumerary hairs by caustic potash. In entropium, the present operation is to make two incisions through the skin and tarsi, and part of the orbicularis palpebrum; to seize the end of the enclosed skin, and, by vertical incisions, to cut through the muscle and remove it entirely, and then to apply sutures, but no dressing. Squint should be operated upon early. Mr. BICKERTON described LEIBREICH's mode of cutting subcutaneously, and the method which he adopted himself, and which he had found exceedingly satisfactory. The instruments used in these operations were exhibited. Excision of the eyeball was devised by O'FARRELL, of Dublin, and M. BONNET, about the same time, and independently of each other. It was first performed by Dr. STÖRBER in 1841; and Mr. CRITCHETT first performed it in this country. The operation was fully described. The hemorrhage, as a rule, was slight, and could be controlled by a stream of water from sponges. A light pad of lint and bandage over the lids was all the dressing required. Abssision of the anterior half of the eye was an operation in which Mr. BICKERTON

had no faith. He described the modes of operating for soft cataract: 1, by making a small incision into the cornea and evacuating the lens by one or two operations; 2, extraction by suction. The lens may be removed at once by this process; but no more suction-force should be employed than is sufficient to bring it away with ease. The author found that, when the lens was very soft, suction was not required. In hard traumatic cataracts, VON GRAFE originated the traction operation; and it has been extended to other cataracts by Dr. SCHURT. The various steps of the process were explained, and the scoops, etc., shown. This did not give good results; and its place had been taken by Von GRAFE's modified linear extraction. The author went very fully into the mode of doing this; explaining the various steps and the precautions to be taken, as well as the after-treatment. He had found the results in his own hands more satisfactory than those of any other operation on the eye. Capsular cataract was removed by one or two needles; and, if this failed, by a broad needle through an opening in the cornea. In some cases, it was necessary to enlarge this, and to take away a portion of the iris. Artificial pupil should be made as central and well defined as possible directly behind a clear cornea, and that which was least altered in curvature. The modes of doing it were: 1, removal of a portion of the iris; 2, withdrawing a portion of the iris, iridodesis; 3, incision of the iris. It was required for inflammatory adhesions; dense nebulae of the cornea over the centre of the pupil. In the latter, iridodesis was very useful. The author described the several operations, and also a modified one by himself. He then entered into the question of iridectomy, and spoke strongly in its favor, enumerating the several affections in which it should be employed. The *rationale* of its action was uncertain; but it affected a change in the circulation and in the secretion of aqueous humor. There was a very intimate relation, through the ciliary muscle, between the iris, choroid, and retina. In describing the operation the author said he seldom found it necessary to give chloroform; and that he used VON GRAFE's narrow knife for modified linear extraction, making the incision on a small scale. He had also done the operation with the conjunctival flap, as in modified linear extraction, and had found it very satisfactory. In considering the relative practical value of iridectomy, division of the ciliary ligament, and division of the ciliary muscle, he was of opinion that each was of very great value in properly selected cases. He then

gave an interesting history of the operations for puncturing the eyeball, from the time when it was first practised by Dr. WHYTE, of Manchester, in 1802, up to the present time. In conclusion, he alluded to the evacuation of effusion between the retina, choroid, and sclerotic, by two needles, and laceration of these tissues, as practised by Messrs. BOWMAN and HULKE.

#### Early Treatment of the Insane.

In the province of Westphalia the directors of the Marsberg and Lengerich Insane Asylums have ordered that native patients shall be subsisted free of cost during the first year of their malady. This is done in order that cases may be placed under treatment while yet in the initial stage. They claim to cure 80—90 per cent of all cases admitted during the first month of the disease, fewer with every additional month, and assert that incurability is the rule after one year's duration. (*Berliner Klinische Wochenschrift*, No. 26, 1863.)

#### Hidden Mania.

PLATNER in his *Progr. de amentia occulta, I. et II.*, Lipsie, 1797, speaks of hidden mania—an urging on, and striving of the burdened mind towards a deed of violence; which it secretly desires and prepares for, as if this would lighten and free it of its oppression.

### Reviews and Book Notices.

#### NOTES ON BOOKS.

The following interesting notice of a semi-medical book we clip from the *Nation*. The author is Dr. E. BERTULUS, and his title, "L'Athéisme du Dix-neuvième Siècle devant l'Histoire, la Philosophie Medicale, et l'Humanité."

"In the name of his fellow-men, the Doctor contends that he is descended neither from a vegetable (SCHMIDT), nor a fish or seal (Dr. LAMEL), nor, finally, from a monkey (Drs. Voet and FILIPPI). The monkey question is well treated, and the conclusion is that we are not "singes sans queue perfectionnées." The author maintains that CABANIS and FOURCROY were not atheists and materialists. We believe it is CARLYLE who attributes to CABANIS the saying that the seat of the soul is in the smaller intestines. What CABANIS did say was that the brain secretes thoughts as the liver bile, or the kidneys urine. GALL, with his 'Organologie Phrénologique,' continued the school of CABANIS, and successfully vulgarized science, until extinguished in France by serious researches into mental alienation and

the fun of GAVARNI, who showed in one of his most laughable sketches, 'que le système des bosses est né de la bosse des systèmes.' Then came the overthrows of CABANIS—BICHAT and PINEL. BICHAT, unconscious of his genius, unconscious that he had founded a school, sells his great work on anatomy for twenty-five Louis d'ors to a publisher who made half a million out of it. The question is raised as to the sole cause of mental alienation being lesion of the brain; stress is laid on the corollaries of ESQUIROL. 1. Organic lesion in insane is found in sane. 2. Autopsy of insane shows no alteration of brain. 3. Autopsy of sane shows alteration, suppuration, and even partial destruction. Granting the march of science since Esquirol's day, it is claimed that his conclusions are sound. The question of duality of man is admirably discussed. The existence of the vital principle is discussed. Is it or not inherent in organized matter? Then come CUDWORTH and COUSIN; progress of medical science in France; COMTE and his positivism, chemistry, galvanism, doctrine of spontaneous generation, etc."

And here comes another of the same school. Dr. F. MORIN, with his "Bréviaire du Médecin; Préis de Médecine Rurale, d'Economie et de Philosophie Médicale." One of BALZAC's most charming novels is his "Country Physician," "Le Médecin de Campagne." One might almost imagine that his hero had survived in Dr. MORIN, and written the book before us.

Messrs. TOWNSEND & ADAMS have in press a collection of articles that have appeared in a periodical, namely, the lectures on Food delivered before the Society of Arts, by the distinguished Dr. HENRY LETHERBY, and afterward reproduced in the *Chemical News*. Professor SEELY writes the introduction and notes, and the work will certainly have value.

**THE MAGAZINES.**—The *Atlantic Monthly* begins the year vigorously with some very valuable articles. Dr. BOWDITCH is contributing some readable articles on consumption, which are calculated to be useful. \*\* *Our Young Folks* meets competition bravely, and seems to thrive under it. It grows better and better. \*\* The *Galaxy* increases in interest with every number. \*\* The *Radical* we have no use for, and cannot see what possible good it is calculated to do in the world. \*\* For a dollar magazine, *Packard's Monthly* (New York) is excellent. We had supposed it was all sensation, but are happy to find that it contains much that is really very sensible, and calculated to be useful. \*\* *MAYNE REID'S On-*

*ward* is very striking in its exterior, and does not lack in interest, for young people will read such improbable stories as it contains. But are they the right kind of reading for them? "The Cinchona; a Popular Monograph on the Peruvian Bark," and "Things worth Thinking of," the latter being the Editor's Table, strike us as the redeeming articles of the current number. \*\* The *Little Corporal*—lively, earnest, and good—is worth a place in every family. It is a credit to Chicago and the great West—we forget—it is several years since we studied geography, then Chicago was in "the great West!" \*\* We know no better paper for the physician who has ever so large or ever so small a plot of ground to cultivate, than the *American Agriculturist*. Humbuggery of all kinds quails before its short, sharp, and decisive blows. \*\* *Hours at Home* is one of our favorite magazines, always containing articles of value, and never anything trashy. \*\* *LITTEL'S Living Age* is the oldest of the eclectic class of our periodical literature, and maintains the high character of its selections. Such a journal is invaluable to those who wish to read the best articles from foreign literary periodicals at a moderate cost. \*\* *Every Saturday* is another weekly of the same class, and well worthy of patronage. \*\* *The Manufacturer and Builder* is a new candidate for favor and patronage. The initial number certainly gives promise of uncommon practical value and usefulness. We are very glad to welcome such a journal to our table. It is, of course, chiefly adapted to the wants of the mechanic and artisan, but it contains much that is useful to all classes of readers. Published monthly, by WESTERN & CO., 37 Park Row, N. Y. \$1.50 per annum, 15 cents single copy.

Among our extra-professional exchanges, the *Independent* ranks high in our estimation for value. It has attained a circulation that enables its proprietor to command the best pens in the country for its columns. The scientific column is well worked up by Mr. WILLIAM H. WARD, and we have frequently availed ourselves of his excellent selections, and transferred them to our pages. An article in our Periscope department for Jan. 2d, on Vital Force, should have been credited to the *Independent*.

If any of our readers has a patch of ground as big as his hand, on which he can cultivate a flower or a useful plant of any kind, let him send ten cents to Mr. JAMES VICK, of Rochester, N. Y., for his Illustrated Catalogue and Floral Guide. The splendid floral illustrations in it are alone worth five times that amount.

## Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 23, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

**42** Medical Society and Clinical Reports. Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

**43** To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### NAVAL RANK OF MEDICAL OFFICERS.

The position of the medical officers in the United States Navy has long been a most unfair, and we may say a humiliating one. The result has been that very many have resigned, and that the department finds it impossible to fill their places. Either the status of the staff must be changed or the requirements lowered. The high character which our naval surgeons have long borne all over the world can no longer be retained without some change in their rank. For this purpose the following petition was recently laid before Congress; which speaks for itself: "The Medical Officers of the U. S. Navy respectfully come before your Honorable Bodies, asking a reasonable and just rank in the military service to which they belong—a rank correspondent to their duties and responsibilities, and, in some degree, approaching that conferred upon the same class of officers in the other military services of the world."

Our naval service ought not to be second in importance, character and dignity to any, and the influence of its future in the destinies of the world must be evident to all. The equality of its dignity has been partially, and but partially, asserted by the establishment of the highest grades of rank for the line of the navy. To permit the continuance for its medical corps of positions inferior to those of the same corps in other navies, we respectfully submit, may seem to confess an inferiority, either of our whole service, or of the officers composing its medical corps.

Prior to the establishment of the existing grades of the "Line," the highest Naval rank was that of "captain," and the medical corps reached that of "commander," the next grade below,

Now, since the grades of admiral, vice-admiral, rear-admiral and commodore have been added to the service, we attain to that of captain, leaving us to the fifth in the military graduation, instead of the second, as we were before passing through the risks and labors it was our duty to encounter in the late war.

Similar risks and toils, and no greater, deservedly brought to our brethren of the line honorable distinctions; we rejoice in their reward and respect the justice which bestowed it. To the medical corps of the army also were promptly given those distinctions which every member of a military service learns to prize; and we waited in the patient hope that record of honorable and faithful service, not behind any, would bring to the naval medical corps their share of honorable acknowledgment and not leave them a marked exception amid the general recognition.

No such acknowledgment has yet come. The war left us, as has been shown, relatively to the line, four degrees lower in rank. Yet, whether as heads of our department in squadrons, or acting in detail, no charge of failure, or of unfaithful performance of our duties has been, or can be brought against us.

It should not take from the value of any duties, that they are, from their nature, most efficiently, when most quietly and unobtrusively performed; and are never brought dramatically before the public eye, unless, unhappily, want of skill or fidelity results in misfortune, destruction and disgrace.

We ask an addition of one grade for the senior officers of our corps. The table appended shows that in the navies of Great Britain, France and Russia, officers of the medical corps reach the rank of vice-admiral; and in the navy of Austria that of rear-admiral. It is evident that such experienced military powers, relying chiefly as they do for existence on their armed organization, would not confer such honors upon a staff, except from the convictions of necessity; especially, as, under the artificial class distinctions of those governments—line and staff officers are, as a rule, taken from those who in civil life occupy different grades in their social system.

With us no such artificial distinctions are recognized, and under our enlightened institutions, both line and staff, are taken from all classes of the Republic, the humblest ranks, and often the same families, being represented in both divisions of the service. Such being the truth, there can be, we hope, no one so ignorant of the institutions of his country as to imagine that any

JAN. 23, 1869.]

## EDITORIAL.

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honors, the reward of public service, are the special right of any privileged class.

As then our Republic permits no class prejudice or presumption to which the just claims of any of its servants shall be sacrificed, it may be asked, why should those honors and distinctions be withheld the medical corps of the United States Navy, which military discretion and prudence have exacted for "Line" and "Staff" from military powers, under which, class privileges unknown to us, are recognized?

In the above recited facts is found the best testimony of military experience, for the necessity of a definite and a high medical staff-rank in the interests of military subordination, and therefore we are spared the need of troubling your honorable bodies with the ample argument upon a subject so conclusively settled.

We present this memorial to your honorable bodies, the more confident of its favorable consideration, because what we ask takes nothing from the rights and privileges of any—conflicts with no subordination, but rather sustains it; and although we make our petition upon its own merits, we have the satisfaction of knowing, we ask nothing which has not been sanctioned by some of the most illustrious of our brethren of the line. Nor can we think that among the intelligent and liberal minded of our serviod there are any so doubtful of their own honors, as to believe they are only valuable by contrast with those still neglected but allied corps, the members of which, in our service, with the same honorable motives, and with equal sacrifices and no less zeal, are laboring for the honor and glory of our common country."

In order to carry out the plan here presented, an act was framed to reorganize and increase the efficiency of the medical staff, providing that the President shall appoint from the medical officers on the active list of the Navy, a Chief of Bureau of Medicine and Surgery, who shall rank with Commodore, and be *ex officio* the ranking officer of the Medical Staff; that he should appoint from the Surgeons on the active list of the Navy, in the order of their official seniority, twelve MEDICAL INSPECTORS, each with the rank, pay, and emoluments of a COMMODORE in the line of the Navy; eighteen MEDICAL DIRECTORS, each with the rank, pay, and emoluments of a CAPTAIN; twenty DEPUTY MEDICAL DIRECTORS, each with the rank, pay, and emoluments of a COMMANDER; and thirty SURGEONS, each with the rank, pay, and emoluments of a LIEUTENANT COMMANDER; and one hundred and twenty AS-

SISTANT SURGEONS—including the Assistant Surgeons now in the Navy—each with the rank, pay, and emoluments of a MASTER: "Provided, That ASSISTANT SURGEONS of three years' service, who have been found qualified for promotion by a competent Board of Examiners, shall have the rank, pay, and emoluments of LIEUTENANTS: And provided further, THAT NO MEDICAL OFFICER SHALL IN VIRTUE OF HIS RANK, EXERCISE COMMAND OR AUTHORITY IN THE LINE OF THE NAVY, OR IN ANY STAFF CORPS BELONGING THERETO, EXCEPT IN THE MEDICAL STAFF, and over those placed under the control of the Medical Department of the Naval service. Provided further, That nothing herein contained shall require the recall of any medical officers under sailing orders or at sea."

It further proposed that Medical Inspectors and Medical Directors shall be employed at Naval Hospitals and Laboratories, and as Presidents and members of Retiring and Examining Boards, and Courts, and other special duty on shore; and that Deputy Medical Directors shall be employed on board of Flag-ships in Fleets and Squadrons, and at Navy Yards and other naval stations; and that Surgeons and Assistant-Surgeons shall be employed on board of vessels commissioned for sea-service, in Receiving-ships, at rendezvous and barracks, and on such other duties as the Secretary of the Navy may direct.

When on the 8th of January this bill was brought before the House it was tabled. Why this was done without a fair discussion and examination, is a question we should like to have answered. The welfare of our seamen and the credit of our navy are deeply interested in this matter, and such a hasty disposition of this memorial is neither creditable to Congress nor gratifying to a patriot. A whisky bill or a rebel claim can be discussed for a week, but the respectful petition of United States officers hardly receives a decent hearing. We hope the subject will be brought up again.

MR. CHARLES B. PRICE is engaged in canvassing and collecting for the Publications of this Office. He visits Baltimore and Washington next week.

[*Readers of the Reporter are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*] hadand red

## Notes and Comments.

### Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, to the 1st of April, will have their postage prepaid from the beginning of the second quarter of the year, except new subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the commencement of each quarter.

### A Charity Hospital at Jersey City.

The Common Council of Jersey City recently passed an ordinance in reference to taking care of the sick poor of their municipality, which is worthy of emulation elsewhere. It reads:

"There shall be appointed by the Common Council four regular practitioners of medicine, and four regular practitioners of surgery, of the City of Jersey City, and members of the Hudson County Medical Society, who shall be known as the Visiting Physicians and Surgeons of the Jersey City Charity Hospital, and they shall constitute a Medical Board. Their appointment shall continue during the pleasure of the Common Council, and their services shall be gratuitous."

At a subsequent meeting the Board proceeded to the appointment of four regular practitioners of surgery physicians and surgeons of the Jersey City Charity Hospital. The following Physicians were nominated—Drs. T. F. MORRIS, J. H. VONDY, A. A. LUTKINS, M. A. MILLER. Surgeons—J. W. HUNT, D. L. REEVES, T. R. VARICK, B. A. WATSON; and the rules requiring a balloting were suspended, and they were unanimously appointed to the office. The City Clerk was instructed to notify them of their appointment, and upon their acceptance, to convene the Medical Board at the hospital.

This is going to work in the right way, and we may be sure that we shall hear of no such cases among the Jersey City poor as have recently disgraced Washington City and its municipal officials.

### Culpable Carelessness.

What sort of doctors Washington City selects to attend its poor is a curious question, if one of them is to be taken as a specimen. The papers there have recently had the particulars of the case of a Mrs. Martin. She resided with her husband on New York avenue, near 21st

street, and had been indisposed with a severe cold and acute pains in her breast. Dr. RIPPPLY, physician for the poor in the First Ward, was called to attend her, and on Saturday prescribed thirty grains of Dover's powder and ten grains of sulphate of morphia, with the proper proportion of liquorice to make ten pills, one to be taken every two hours. One dose was administered on Saturday afternoon, and the deceased immediately went to sleep, and her husband aroused her and gave her the second dose subsequently, when she went to sleep again, and died before morning.

We hope this apparently flagrant case of homicide will be thoroughly ventilated.

### Kerosene Oil.

An extended report on this subject to the New York Board of Health gives the result of an examination of seventy-eight samples purchased at different retail stores in all parts of the city, and not one of them was safe. The examiner, a skilful chemist, states that the vaporizing point of good kerosene oil should not be much below 100 degrees Fahrenheit, and the burning point should not be below 110 degrees Fahrenheit, and that very little of the oil sold in New York comes up to this standard. The old law of Congress fixed 110 degrees Fahrenheit for the burning test. The laws of New York fix the burning point at 100 degrees F., which is decidedly too low, as is shown by the great increase in the number of burning casualties. In Philadelphia, the storage of kerosene is regulated by law, and no refined petroleum, kerosene, or burning oils, except oils in bond, or for export beyond the limits of Pennsylvania, can be kept for sale unless its fire-test reaches 110 degrees Fahrenheit, as tried by a well-defined instrument. As the laws of New York fix the burning point at 100 degrees, this difference in standard sends the oil condemned here to New York city in large quantities.

The true remedy is for each city to have an inspector for these oils. This is the case in Providence, R. I., which has thus far, we believe, been the only city to enact laws requiring all kerosene imported to be inspected, and appointing an inspector to do it. We believe the law has been in force nearly two years. In that time not a single death has occurred from burning fluid in that city. Two persons have been burned by breaking or upsetting lamps; but in both cases an investigation showed that the fluid was a mixture sold in violation of law, and the sale of which was immediately stopped by the authorities. In three known cases, lamps filled

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with legal kerosene were upset and broken, and the fluid did not take fire, and no harm was done. It would be difficult to repeal this most valuable law in that city, and the people demand its enforcement against all attempts to introduce the sale of naphtha or benzine as burning fluids under whatever spurious pretences.

#### Weight of the Brain.

At a meeting of the Vienna Society for psychiatria and forensic psychology, May 28th, 1868, Prosector Dr. MEYNERT gave some statistics on the weight of the brain.

His deductions from the weights of 351 brains, as well as those of PARCHAPPY from 284, prove that the influence of psychoses is much greater than age on the weight of this organ.

For example, during the physiologically blooming age of the brain's weight (30—40 years in males), a mean of only 1317 grammes was given, because brains of the later stages of psychoses were mingled with the others weighed; on the other hand, in the primary stage of psychoses, without regard to age, a mean of 1329 grammes was given for conditions of depression and 1359 for mania. Furthermore the reduction of weight was always equal to the duration of the disease. It was also found to depend upon the intensity of the latter, as paralytic idiocy was characterized by a great reduction of weight. MEYNERT also found that insane brains had more cerebellum, proportionally, than sane; and that insane females had more than insane males.

#### Correspondence.

##### DOMESTIC.

##### Treatment of Snake Bites.

**EDITOR MED. AND SURG. REPORTER:** When I saw the Report of Sept. 26th, 1868, page 259, I saw a report with regard to the treatment in case of "Bites of Serpents," which seemed to me very singular, that a professional man should thus publicly dwell on a case of snake bite, his treatment of the same at the time of the injury, and state that at the end of two months amputation was recommended.

What became of the patient during these two months? What treatment did he undergo? We are left in ignorance of what happened during two months, but are informed, at the end of that time amputation was recommended by an army surgeon.

This course seems to me very singular indeed.

I have had several cases of this kind, viz., rattlesnake bite among horses, in my capacity as Veterinary Surgeon, 4th Cavalry, and shall, with your permission, give my treatment of the same, and with what result.

In September, 1867, I was stationed at Camp Verde, Texas, and was called to attend a public horse just arrived at the post, (from an Indian scout,) that had been bitten that morning by a rattlesnake, in the left fore-leg, in front of the os suffraginis, near the bifurcation of the suspensory ligament. I found great swelling and pain where the horse was bitten, bloody spots and lameness, but detected no other effects of the poison elsewhere.

As I had no tourniquet, I used a common bandage, then lanced around the bite freely, and injected with a small syringe, liquor ammonia; afterward applied a very hot flaxseed poultice.

Internally I gave bran and flour meshes, and as the supply of medicines at my disposal was limited, only nitrate of potassa was added to the meshes, previous to which I administered a powerful cathartic.

After two or three days I used only a lotion of plumbi acet. to keep the swelling down. The animal recovered in about eight days.

In this case I am of the opinion that the successful cure of the animal depended on the locality of the injury being in an extremity far removed from the vital organs, so that the immediate treatment prevented the absorption of the poison. The animal is living and serviceable at this date.

I also had a horse brought to me bitten by a rattlesnake last August, which recovered. The horse, about seven years old, was sent out as usual to graze; one half-hour after, he was returned from the herd, having been bitten. The injury occurred about 9 $\frac{1}{2}$  A. M., and the animal was under treatment in about twenty minutes after.

I found the horse bitten on the dilator naris lateralis muscle at the left superior maxillary, over the nostril, near a branch of the facial vein. He was in great pain, swelling had already commenced, but respiration seemed free, except a slight opening of the mouth.

I opened the spot with a free incision, so as to enable me to apply the syringe; some serum followed the lancet, but after slight pressure, dark venous blood. I was not able to apply the tourniquet or bandage to stop the circulation, but cleaned the wounds by pressure and injections of soap-suds. I then injected Granville's

Lotion, and kept the animal in a cool and quiet place.

Internally, I was hardly able to administer medicines, as the increasing swelling prevented the animal from the use of his jaws. I therefore used a large, clean, house syringe, by which means I injected the medicines, which consisted of flour gruel, with one drachm Binson's antidote, in the mouth. Externally I applied a salve of iodine compound around the swollen parts.

The next morning the injured parts were more swollen, breathing entirely through the mouth, with snoring; the tongue was hanging out, and also considerably swollen, and I am of the opinion, that if the swelling had reached the throat, the animal would have died from suffocation. I then determined to try tracheotomy, but first I applied poultices of flaxseed as hot as possible, and was happy to see the swelling and other symptoms abate. I then used enemas of tobacco, soap, oil, and water, several times a day; about 8 P. M., the animal was almost entirely relieved from pain, the swelling so far reduced that he could swallow a thin gruel of flour with Binson's antidote, as above stated. During the night I kept him well-blankedeted, also continued the poultice.

On the third day he was so much better that he had the free use of his jaws, and the swelling considerably decreased. I continued only the iodine salve and the gruel with the addition of the antidote for two or three days longer, and on the sixth day the animal was well, and still remains so.

As stated before in the first case, the favorable result by small means may have depended on the locality of the injury (extremities).

The last, however, where the wound was inflicted, and where the circulation could not be checked by a tourniquet, the successful result was due probably to the treatment.

PAUL NITSCHKE, *Veterinary Surgeon, 4th Cavalry.*

*Fort Concho, Texas.*

*BUTORS OF THE MEDICAL AND SURGICAL REPORTER:*

Mr. H., living near this city, a laborer, of large frame, but thin in flesh, 61 years of age, while chopping wood on the 13th inst., fell from the log on which he was standing, a distance of about six feet, and pitching forward, struck on his hands. My partner, Dr. FASSETT, being called sixty hours after the accident, at once recognized a double dislocation into the axilla. Our method of reduction was the ordinary one of extension

from the lower end of the humerus, with the heel in the axilla. The reduction was accomplished without an anesthetic, and with no more than the usual amount of trouble. There is no doubt about the genuineness of this case. The head of each humerus could be readily grasped by the hand in the axilla. The sparseness of the man contributed to an easy recognition of the difficulty. I only report the case as a surgical rarity.

*Lockport, N. Y.*

#### Carbolic Acid.

*EDITORS MEDICAL AND SURGICAL REPORTER:*

Having administered "carbolic acid" for the last year with such universal success in the various diseases in which I entertained an idea it would answer a good purpose, I desire briefly to lay a few facts before the profession, through the medium of the MEDICAL AND SURGICAL REPORTER.

November 21st, 1868. Melcher Ebler, thirty years of age, was precipitated from an express wagon and while in the act of falling, the posterior aspect of his scrotum, caught at the brake handle, which by the way was very sharp and pointed, rentning it clear through, making its exit right below the root of the penis, and thus lacerating the inferior posterior of the scrotum in two separate parts, dislodging the left testicle in such a manner that I deemed castration at the time almost indispensable. I reduced the testicle as much as circumstances would permit to its normal position, and brought the integument which had retracted to a great degree in coaptation by interrupted sutures. I saturated a linen cloth with a weak solution of carbolic acid, one part to two hundred of water, and applied it to the entire scrotum, which was retained in position by a suspensory bag. Left directions to have it renewed every three hours.

Visited my patient the following morning, when he informed me that the excruciating pain peculiar to a wound of the scrotum had left him soon after the application of the carbolic acid. I continued the treatment from beginning to end, and notwithstanding the enormity of the wound, it healed kindly in ten day, without any suppuration. I have also used it to a great advantage in all forms of diarrhoea, particularly so in cholera infantum. It acts as a direct anti-emetic, diminishes the frequent contingency of stools, and in a brief time renders them more narrowed and healthy in character.

My anticipations were always realized, to the fullest extent in the following diseases as a local

application in the form of inhalations, injections and washes, to wit, stomatitis, diphtheritis, laryngitis, bronchitis, ozena, gonorrhœa, lachrymal fistula, and chronic discharge from the ears, resulting from scarlatina or measles.

A. S. JORDAN, M. D.

Riegelsville, Pa.

Clinic

Cancrum Oris.

EDITOR MED. AND SURG. REPORTER.

Mrs. C., aged 23 years. Has been subject, during the fall, to spells of intermittent fever, for which antiperiodics had been given, disposing of the fever, which fever originated from exposure in a tent, to which she was exposed, during the summer and fall months, and the prevailing malarial cause of this locality.

On the 15th inst., at the close of the last intermittent, some swelling of the upper portion of the face occurred, and about the eyes. On the two succeeding days, swelling of the throat and neck took place, during which time the peculiar smell of *cancrum oris* was perceptible. Upon examination, the fauces and left cheek were found to be inflamed, as well as the tongue to some extent. Situated upon the soft palate, immediately on the right side of the uvula, was situated a buckskin-colored patch of dead tissue, elliptic in shape, about the size of a Lima bean.

Intermittent returned on the 20th, for which she was prescribed for on the 21st. A slight intermittent on the 21st, which went off without subsequent return. During the 20th much more nausea than usual was experienced. Strong inference arose that it proceeded from swallowing the dead tissue, for, at the time, upon examination, it was found to be cast off from the surface of which it formed a part, leaving some remnants of it still adhering.

On the 23d, the surface was free, granulating, and healthy, without difficulty or inconvenience in swallowing or eating.

Treatment throughout—application of caustic potash, and gargle of zinc sulph., gr. lx., water, f.ij. M. Low diet.

W. PARKE FLEMING, M. D.

Hospital Steward, U. S. A.

Paducah, Ky., Dec. 21, 1868.

Professor THOMAS GRAHAM, Master of the Mint in Great Britain, a distinguished chemist, and author of the celebrated "Elements of Chemistry," has written a letter to Professor Horsford, of Harvard, announcing his discovery of "Hydrozincium," a new metal. Its specific gravity is about 2; its color is white.

## News and Miscellany.

### Burlington (Vermont) Medical College.

An Emeritus Professorship was recently conferred on Dr. JOSEPH PERKINS of this institution, who for a long time had been Professor of Obstetrics and Diseases of Women. The following resolutions were adopted by the medical faculty of the college:

*Resolved*, That in adopting as we do, with profound regret, the resignation of our esteemed colleague and brother, Dr. JOSEPH PERKINS, we desire to renew to him the expression of our esteem for his long and successful career as an instructor, and the devotion he has ever exhibited to the best interests of our profession.

*Resolved*, That we gratefully acknowledge our indebtedness to him for the foundation and most valuable contributions to the Museum of this Department; a liberality which, beginning with the first day of our associated labors, has continued uninterruptedly until the last, and been actuated by the sincerest desire to advance the interests of this Institution, and promote scientific medical instruction.

*Resolved*, That in parting with him under the necessities of age and impaired health, we tender him our kindest sympathies and best wishes for the prolongation of a life honored by such fruits of usefulness, praying that its sunset hours may be gladdened by the richest rewards of a Christian faith.

*Resolved*, That the name of our esteemed colleague be recommended to the Trustees of this Institution for an Emeritus Professorship of the same chair lately occupied by him.

### Typhus Fever and Small-pox in New York.

New York, Jan. 18.—At a meeting of the Board of Health to-day it was stated that fifteen cases of typhus fever have occurred in E. Thirteenth street, between First avenue and Avenue A., including six deaths. The houses have been disinfected. Seven cases of small-pox occurred in one house in W. Thirty-first street, including two deaths. These premises also have been disinfected.

### The Aged Dead of 1868.

Among the few who had survived beyond a century, and whom tardy Death at length carried off last year, are the names of Mrs. WRIGHT, (108); a Mrs. RACHEL POSBY, a Revolutionary pensioner, (103); OKER-WAH, an Ottawa squaw, (123); Mrs. NANCY COOLEY, (108); a Mrs. HASKINS, (116); and a Mrs. SARAH COLLINS, (102);—not one male centenarian among them.

**Average Duration of Life.**

A careful study of the bills of mortality in Frankfort shows the average duration of life of clergymen to be much higher than in any other occupation, (nearly 66 years). Next to these come teachers, gardeners, butchers and tanners, (about 57 years). The lowest period is that of lithographers and copper-plate engravers, who only attain an average of about 41 years.

**Army and Navy News.****Navy News.**

List of changes, etc., in the Medical Corps of the Navy, from January 4, 1869, to January 17, 1869.

**Surgeon Samuel Jackson**, ordered to the Naval Hospital, Philadelphia.

**Surgeon J. S. Dugan**, ordered to the U. S. S. "Cyane."

**Surgeon T. E. Potter**, ordered to duty on board the Iron Clads at New Orleans, La.

**Assistant Surgeon M. L. Ruth**, detached from Navy Yard, Washington, and ordered to Naval Hospital, Pensacola, Fla.

**Surgeon George Clymer**, detached from special duty, Washington, D. C., and placed on waiting orders.

**Surgeon F. M. Gunnell**, ordered to special duty, Washington, D. C.

**A. P. A. Surgeon J. W. Sherfy**, detached from Iron Clads, New Orleans, and placed on waiting orders.

**A. P. A. Surgeon D. C. Burleigh**, detached from Naval Hospital, Pensacola, and placed on waiting orders.

**Notices inserted in this column, gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line, inserted every second week.**

**MARRIED.**

**Cole—Smiley**.—January 13, 1869, by Rev. J. Wheaton Smith, D. D., John C. Cole, of Troy, N. Y., and Emma W. Smiley, daughter of Dr. Thomas T. Smiley, of this city.

**Emsey—Bagley**.—In Chelsea, Vt., Dec. 31st, by Rev. W. A. James, Dr. F. W. Emery and Miss Sarah M., daughter of Dr. Bagley, all of Chelsea.

**Fisher—Common**.—At El Paso, Ill., Dec. 10th, by the Rev. George Elliott, Charles Fisher, M. D., and Miss Mary Common.

**Miss—Cummins**.—Dec. 29th, Dr. Morris H. Miesse, of Royalton, Fairfield co., Ohio, and Miss Lou. E. Cummins of Chillicothe, Ohio.

**Morrison—McDowell**.—At Sunny Side, Cecil co., Md., Dec. 31st, by the Rev. J. H. Johns, S. W. Morrison, M. D., of Chester co., Pa., and Miss Sallie H. McDowell, of Cecil co., Md.

**Sterling—Haynes**.—On Christmas morning, at Sag Harbor, Long Island, N. Y., in Christ Church, by the Rev. Dr. MacDonald, Geo. A. Sterling, M. D., and Mary, daughter of W. S. Haynes, Esq.

**Wallace—Goodwin**.—Dec. 30th, Dr. Barnett Wallace, of Franklin, Ind., and Miss Bessie Goodwin, of Lafayette, Ind.

**Walter—Garrison**.—Dec. 28th, Dr. Z. D. Walter and Mrs. Columbia E. Green, both of Marietta, Ohio.

**Wilson—Ridge**.—On the 24th ult., at the residence of the bride's parents, by the Rev. James P. Garrison, Arthur G. Wilson, of Chicago, and Miss Josephine, only daughter of Dr. James M. Ridge, of Camden, N. J.

**DIED.**

**Bowen**.—In Bridgeton, N. J., Dec. 6th, Miss Mary R. Bowen, daughter of Dr. Wm. S. and the late Martha H. Bowen, aged 22 years.

**Canyar**.—In this city, Jan. 17th, of pneumonia, Dr. Edward L. Carter.

**Phillips**.—At Bristol, Pa., on Tuesday, the 12th inst., Deborah W., widow of John Phillips, M. D.

**Sutton**.—In Aurora, Ind., Dec. 11th, Mrs. Sarah Sutton, wife of Dr. George Sutton, in the 57th year of her age.

**Todd**.—At Wheeling, West Va., Dec. 18th, Guise A., youngest daughter of Dr. A. S. and M. E. Todd, in the 21st year of her age.

**OBITUARY.**

**Dr. Von Martius**, a famous Austrian physician, has been received of the death, in his 73d year, of Dr. KARL FRIEDRICH PHILIPP VON MARTIUS, Professor of Botany in the University of Munich, for many years Secretary of the Royal Bavarian Academy of Sciences, and Director of the Botanic Garden. By his scientific labors and writings, he occupied a high position among the botanists and vegetable physiologists of Europe, and was a Foreign Member of the Royal Society, as well as of other learned societies on the continent. As some students he is best known by his travels in Brazil, undertaken in company with Spix, during the year 1817-18, by command of the then King of Bavaria, Max Joseph. The results were published in three quarto volumes, with an atlas, in 1824-31.

**WORD OF CHEER.**

**Dr. J. J. Van R.**, New York, says: "It is the PHYSICIAN'S DAILY POCKET RECORD is the best planned one I have ever seen, and the professor should give it a preference to all others."

**Dr. J. P. W.**, Indiana, writes:

"Continue to send the REPORTER to my address as long as it is under your surveillance, and is, as it has been for the last three years, filled to overflowing with interesting reading matter," etc.

**ANSWERS TO CORRESPONDENTS.**

**Dr. J. H. S.**, of O.—A hydrometric syringe costs from \$3.00 to \$5.00.

**Dr. J. J. M.**, of Miss.—Holt's Dilators for Stricture, cost, each \$15.00.

**METEOROLOGY.**

**January**, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31.

Wind.....	N. E.	N. W.	N. W.	W.	S. W.	S.	N. W.
Cloudy.....	39	34	36	37	43	43	43
Fog.....	45	42	45	50	56	56	56
Rain.....	41	42	50	50	56	56	56

Depth Rain.....	1 5-10	1 5-10	1 5-10	1 5-10	1 5-10	1 5-10	1 5-10
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Thermometer.....	36°	37°	36°	35°	36°	37°	37°
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Minimum.....	36°	37°	36°	35°	36°	37°	37°
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At 8 A. M.....	34	39	34	36	37	43	43
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At 1 P. M.....	34	45	42	45	50	56	56
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At 3 P. M.....	35	44	42	50	50	56	56
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Mean.....	32	39	36	39.75	40.75	46.75	46.75
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Barometer.....	30.9	29.5	29.9	30.	30.	29.7	29.5
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Germantown, Pa.	30.9	29.5	29.9	30.	30.	29.7	29.5
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B. J. LEADER.